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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby appoint:								
x	x Practitioners associated with the Cust		omer Number:	10291	10291			
OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
	Name -		Registration Number		Name		Registration Number	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  X The address associated with Customer Number:  OR								
Firm or James F. Kamp Individual Name RADER, FISHMAN & GRAUER PLLC								
Address 39533 Woodward Avenue Suite 140								
City	Bloomfiel	d Hills	State	MI	Zip	48304		
Countr	y US		Telephone	(248) 594-0600	Email			
Assignee Name and Address: Henry Ford Health System 1 Ford Place Detroit, Michigan 48202								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature Manast P. G. to Date 4-9 2210								

POA to Prosecute Applications Before the USPTO  I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4).								
Dated: <u>April 12, 20</u> 10	Electronic Signature for James F. Kamp: //James F. Kamp/							

Margot C. LaPointe

Authorized Signer

Telephone (313)

Name

Title